

State: District of Columbia **First Filing Company:** Oden, a West business, ...
TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations
Product Name: Oden Policy Terminator
Project Name/Number: DC Other Claims Made/DCC-CN-0518#7

Filing at a Glance

Companies: Oden, a West business
West Publishing Company, dba Oden
West Publishing Corporation, using the name Oden, a West business
West Publishing Corporation, dba Oden, a West business
ODEN

Product Name: Oden Policy Terminator

State: District of Columbia

TOI: 17.2 Other Liability-Claims Made Only

Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations

Filing Type: Form

Date Submitted: 05/03/2018

SERFF Tr Num: ODEN-131486150

SERFF Status: Closed-APPROVED

State Tr Num:

State Status:

Co Tr Num: DCC-CN-0518#7

Effective Date: On Approval

Requested (New):

Effective Date: On Approval

Requested (Renewal):

Author(s): Penny Baker, Amber King

Reviewer(s): Carmen Belen (primary)

Disposition Date: 05/04/2018

Disposition Status: APPROVED

Effective Date (New): 05/04/2018

Effective Date (Renewal): 05/04/2018

State: District of Columbia **First Filing Company:** Oden, a West business, ...
TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations
Product Name: Oden Policy Terminator
Project Name/Number: DC Other Claims Made/DCC-CN-0518#7

General Information

Project Name: DC Other Claims Made	Status of Filing in Domicile: Not Filed
Project Number: DCC-CN-0518#7	Domicile Status Comments: Filing not required in Oklahoma.
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/04/2018	
State Status Changed:	Deemer Date:
Created By: Amber King	Submitted By: Amber King
Corresponding Filing Tracking Number:	

Filing Description:

Updated the addresses and phone numbers for the District's Assigned Risk Plans.

Company and Contact

Filing Contact Information

Deborah Rainey, Licensing Filing Administrator	deborah.rainey@thomsonreuters.com
1216 E Kenosha St, #144	651-848-3460 [Phone]
Broken Arrow, OK 74012-2007	651-848-9902 [FAX]

State: District of Columbia **First Filing Company:** Oden, a West business, ...
TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations
Product Name: Oden Policy Terminator
Project Name/Number: DC Other Claims Made/DCC-CN-0518#7

Filing Company Information

ODEN 610 Opperman Dr; D3-S1220 Eagan, MN 55123-1340 (651) 848-3460 ext. [Phone]	CoCode: Group Code: Group Name: FEIN Number: 41-1426973	State of Domicile: Oklahoma Company Type: Advisory Organization State ID Number:
Oden, a West business 7645 E. 63rd St., Suite 200 Tulsa, OK 74133 (918) 556-5332 ext. [Phone]	CoCode: Group Code: Group Name: FEIN Number: 41-1426973	State of Domicile: Oklahoma Company Type: Advisory/Rating Organization State ID Number:
West Publishing Company, dba Oden 7645 E. 63rd St., Suite 200 Tulsa, OK 74133 (918) 556-5305 ext. [Phone]	CoCode: Group Code: Group Name: FEIN Number: 41-1426973	State of Domicile: Oklahoma Company Type: Advisory/Rating Organization State ID Number:
West Publishing Corporation, using the name Oden, a West business 7645 E 63rd St., Suite 200 Tulsa, OK 74133 (877) 633-6467 ext. 305[Phone]	CoCode: Group Code: Group Name: FEIN Number: 41-1426973	State of Domicile: Minnesota Company Type: Rate Service Organization State ID Number:
West Publishing Corporation, dba Oden, a West business 7645 E. 63rd St., Suite 200 Tulsa, OK 74133 (877) 633-6467 ext. 305[Phone]	CoCode: Group Code: Group Name: FEIN Number: 41-1426973	State of Domicile: Oklahoma Company Type: Advisory Organization State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:	ODEN-131486150	State Tracking #:		Company Tracking #:	DCC-CN-0518#7
State:	District of Columbia	First Filing Company:	Oden, a West business, ...		
TOI/Sub-TOI:	17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations				
Product Name:	Oden Policy Terminator				
Project Name/Number:	DC Other Claims Made/DCC-CN-0518#7				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carmen Belen	05/04/2018	05/04/2018

State:	District of Columbia	First Filing Company:	Oden, a West business, ...
TOI/Sub-TOI:	17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations		
Product Name:	Oden Policy Terminator		
Project Name/Number:	DC Other Claims Made/DCC-CN-0518#7		

Disposition

Disposition Date: 05/04/2018
Effective Date (New): 05/04/2018
Effective Date (Renewal): 05/04/2018
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate	APPROVED	Yes
Supporting Document	Consulting Authorization	APPROVED	Yes
Supporting Document	Copy of Trust Agreement	APPROVED	Yes
Supporting Document	Expedited SERFF Filing Transmittal Form	APPROVED	Yes
Supporting Document	Oden PT Filing Cover Letter and Forms list	APPROVED	Yes
Form	Notice of Cancellation Claims Made	APPROVED	Yes
Form	Notice of Nonrenewal Claims Made	APPROVED	Yes

SERFF Tracking #:

ODEN-131486150

State Tracking #:

Company Tracking #:

DCC-CN-0518#7

State: District of Columbia

First Filing Company:

Oden, a West business, ...

TOI/Sub-TOI: 17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations

Product Name: Oden Policy Terminator

Project Name/Number: DC Other Claims Made/DCC-CN-0518#7

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	APPROVED 05/04/2018	Notice of Cancellation Claims Made	CC969708 01DC4201 8	2018	CNR	Replaced	Previous Filing Number:	DCCCNR - 0315#8		C-D&O-CLAIMS- ALLReasons.pdf, C- E&OARCH&ENG R-CLAIMS- ALLReasons.pdf, C-E&OLAW- CLAIMS- ALLReasons.pdf, C-E&OMED- CLAIM- ALLReasons.pdf, C-E&O-OTHER- CLAIMS- ALLReasons.pdf, C-ENVIRO- CLAIMS- ALLReason.pdf, C-EXCESSLIAB- CLAIMS- ALLReasons.pdf, C-FIDUCIARY- CLAIMS- ALLReason.pdf, C-GL-CLAIMS- ALLReasons.pdf, C-UMBRELLA- CLAIMS- ALLReasons.pdf
							Replaced Form Number:	CC96970801D C82013		

State:	District of Columbia	First Filing Company:	Oden, a West business, ...
TOI/Sub-TOI:	17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations		
Product Name:	Oden Policy Terminator		
Project Name/Number:	DC Other Claims Made/DCC-CN-0518#7		

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
2	APPROVED 05/04/2018	Notice of Nonrenewal Claims Made	CN969708 01DC4201 8	2018	CNR	Replaced	Previous Filing Number:	DCCCNR - 0315#8		N-D&OCLAIMS- ALLReasons.pdf, N- E&OARCH&ENG R-CLAIMS- ALLReasons.pdf, N-E&OLAW- CLAIMS- ALLReasons.pdf, N-E&OMED- CLAIMS- ALLReasons.pdf, N-E&O-OTHER- CLAIMS- ALLReasons.pdf, N-UMBRELLA- CLAIMS- ALLReasons.pdf, N-GL-CLAIMS- ALLReasons.pdf, N-FIDUCIARY- CLAIMS- ALLReasons.pdf, N-EXCESSLIAB- CLAIMS- ALLReasons.pdf, N-ENVIRO- CLAIMS- ALLReasons.pdf
							Replaced Form Number:	CN96970801D C82013		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: D AND O LIABILITY - CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

If you dispute this action, you may, before the effective date of this action, send written notification to the Commissioner and to us of the reasons why you dispute this action. The Commissioner will, unless the matter has already been settled, determine if this action was authorized under the terms of this chapter. The Commissioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-ARCH. AND ENGR.CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-LAWYERS CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-MEDICAL CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

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You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-OTHER CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: ENVIRONMENTAL LIABILITY-CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: EXCESS LIABILITY CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: FIDUCIARY LIABILITY CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

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You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: GENERAL LIABILITY CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: UMBRELLA LIABILITY CLAIMS MADE
Date of Cancellation: 06/02/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: D AND O LIABILITY - CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-ARCH. AND ENGR.CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

If you dispute this action, you may, before the effective date of this action, send written notification to the Commissioner and to us of the reasons why you dispute this action. The Commissioner will, unless the matter has already been settled, determine if this action was authorized under the terms of this chapter. The Commissioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-LAWYERS CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-MEDICAL CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: E AND O-OTHER CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: UMBRELLA LIABILITY CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: GENERAL LIABILITY CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: FIDUCIARY LIABILITY CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

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Named Insured

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ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: EXCESS LIABILITY CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

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ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: ENVIRONMENTAL LIABILITY-CLAIMS MADE
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of July, 2018

AUTHORIZED REPRESENTATIVE

State:	District of Columbia	First Filing Company:	Oden, a West business, ...
TOI/Sub-TOI:	17.2 Other Liability-Claims Made Only/17.2000 Other Liability Sub-TOI Combinations		
Product Name:	Oden Policy Terminator		
Project Name/Number:	DC Other Claims Made/DCC-CN-0518#7		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/04/2018

Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/04/2018

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/04/2018

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	APPROVED
Status Date:	05/04/2018

Satisfied - Item:	Oden PT Filing Cover Letter and Forms list
Comments:	
Attachment(s):	Forms List.pdf ODEN PT FILING CoverLetter.pdf
Item Status:	APPROVED
Status Date:	05/04/2018

**Rating Organization: Oden a West Business
610 Opperman Drive
D3-S1220
Eagan, MN 55123
(651)-848-3472**

**DISTRICT OF COLUMBIA
(Commercial Lines)**

FILING REFERENCE NO. DCC-CN-0518#7

Cancellation & Nonrenewal Notices for Commercial Lines Policies are submitted for approval based on Notice of Cancellation and Nonrenewal Update for Property and Casualty Insurers Operating in the District of Columbia – March 9, 2018. Updated the addresses and phone numbers for the District's Assigned Risk Plans. Filing Reference No. DCCCNr - 0315#8 is hereby withdrawn.

Forms to be Withdrawn:

New Form Numbers:

COMMERCIAL FORMS

CANCELLATION

CC96970801DC82013

CC96970801DC42018

**Claims Made Other(or D and O Liability,
E AND O-ARCH. and ENGR., E and O-Lawyers,
E and O-Medical, E and O-Other, Excess Liability,
Fiduciary Liability, General Liability, Umbrella Liability
and Environmental Liability) for all permitted reasons**

NONRENEWAL

CN96970801DC82013

CN96970801DC42018

**Claims Made Other(or D and O Liability,
E AND O-ARCH. and ENGR., E and O-Lawyers,
E and O-Medical, E and O-Other, Excess Liability,
Fiduciary Liability, General Liability, Umbrella Liability
and Environmental Liability) for all permitted reasons**

ODEN PT FILING MEMO

To: District of Columbia Department of Insurance, Securities & Banking

From: Oden a West Business – Rating Organization

Date: May 2, 2018

Re: Filing for approval – Cancellation and Nonrenewal Notices for Commercial Claims Made for: D and O Liability, E AND O-ARCH. and ENGR., E and O-Lawyers, E and O-Medical, E and O-Other, Excess Liability, Fiduciary Liability, General Liability, Umbrella Liability, Environmental Liability

Claims Made - Filing Reference # DCC-CN-0518#7

These policy forms have been modified to the Oden Policy Terminator software program: Cancellation and Nonrenewal Notices for Commercial Claims Made for all permitted reasons for D and O Liability, E and O-ARCH. and ENGR., E and O-Lawyers, E and O-Medical, E and O-Other, Excess Liability, Fiduciary Liability, General Liability, Umbrella Liability and Environmental Liability. Notices of Cancellation and Nonrenewal, are submitted for approval.

Also included is a list of the form numbers for the notices. This is a replaced filing as this is a modified form.

The most current list of member companies on whose behalf we are submitting these filings was emailed April 9, 2018 to Denise Parker, Rate & Form Analyst.

The notices are generated from the ODEN Policy Terminator (PT), which was developed in 1995. The software program is a knowledge based program that meets the requirements of all 50 states and the District of Columbia for commercial and personal lines.

The PT program does not store forms. Rather, it generates notices for the specific state requirements of all variables based on the action being taken, the reason for the action and the policy type or coverage.

Thus, the program assigns a "form number" for each specific situation. The form number is located in the lower left-hand corner of the notice. For example: PC96970801DC82013. (The last 5 digits are not an edition date, but rather the date of the most recent "clause" on the notice.)

If you have any questions or need further information, please do not hesitate to contact me at (651)848-3472 or by e-mail: penny.baker@thomsonreuters.com
Or Amber King at (651)848-3451 or by e-mail: amber.king@thomsonreuters.com

Filing submitted by,
Penny Baker
PT Filing Administrator
Oden, a West business
610 Opperman Drive
D3-S1220
Eagan, MN 55123